

## Drugs - Real World Outcomes

### Patient Satisfaction with High-Efficacy Therapies in Multiple Sclerosis: The Role of Administration Route and Shared Decision-Making

Francesco Pastore, Emanuela Domenicone, Patrizia DellOro, Charlotte Lefort

**Corresponding author** Francesco Pastore,  
Department of Precision and Regenerative Medicine and Ionian Area (DiMePRe-J)  
University of Bari Aldo Moro,  
Piazza Giulio Cesare, 11, 70121, Bari  
e-mail: [Francesco.pastore@uniba.it](mailto:Francesco.pastore@uniba.it)  
[ORCID 0000-0001-5491-2759](https://orcid.org/0000-0001-5491-2759)

**Online Resource 2.** *Domains, items, response scales, and scoring methods of the questionnaire used to assess patients' experiences with multiple sclerosis therapy.*

| Domain (Score)                                                  | Items                                                                                                                    | Response scale                                   | Scoring method |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|
| <b>Temporal and Organizational Burden of Therapy</b> (Domain I) | 1. How difficult is it to continue the multiple sclerosis therapy you are currently following?                           |                                                  |                |
|                                                                 | 2. Would you like a therapy that requires less administration time?                                                      |                                                  |                |
|                                                                 | 3. Would you like a therapy that requires fewer hospital visits?                                                         | 1 = not at all to 7 = very much                  | Mean of items  |
|                                                                 | 4. Would you like improvements in the time spent during hospital stays?                                                  |                                                  |                |
|                                                                 | 5. Do you think that the time required for therapy management and monitoring has forced you to make personal sacrifices? |                                                  |                |
| <b>Perceived Impact of Therapy</b> (Domain II)                  | 6. The impact of therapy on your daily activities.                                                                       |                                                  |                |
|                                                                 | 7. The time dedicated to therapy management.                                                                             | 1 = extremely positive to 7 = extremely negative | Mean of items  |
|                                                                 | 8. The impact of therapy on your social life (family, relationships).                                                    |                                                  |                |

| Domain (Score)                                                                                                                                                      | Items                                                                                                                                | Response scale                                   | Scoring method |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|----------------|
| <b>Therapy Administration Experience (Domain III)</b><br><br>Since you started your current therapy, how would you rate your experience with the following aspects? | 9. The impact of therapy on your quality of life.                                                                                    |                                                  |                |
|                                                                                                                                                                     | 10. The effort/burden required to follow therapy.                                                                                    |                                                  |                |
|                                                                                                                                                                     | 11. The mode of administration.                                                                                                      |                                                  |                |
|                                                                                                                                                                     | 12. The frequency of administration.                                                                                                 |                                                  |                |
|                                                                                                                                                                     | 13. The speed of administration.                                                                                                     |                                                  |                |
|                                                                                                                                                                     | 14. The difficulty in finding the vein/injection site.                                                                               |                                                  |                |
|                                                                                                                                                                     | 15. The pain caused by injection.                                                                                                    | 1 = extremely positive to 7 = extremely negative | Mean of items  |
|                                                                                                                                                                     | 16. The duration of drug administration.                                                                                             |                                                  |                |
|                                                                                                                                                                     | 17. The need for premedication.                                                                                                      |                                                  |                |
|                                                                                                                                                                     | 18. The fact that the therapy cannot be taken at home.                                                                               |                                                  |                |
|                                                                                                                                                                     | 19. The fact that you cannot inject yourself and must depend on a healthcare professional.                                           |                                                  |                |
| <b>Decision-Making Involvement Experience (Domain IV)</b>                                                                                                           | 20. How involved did you feel by your neurologist in the choice of your current therapy?                                             |                                                  |                |
|                                                                                                                                                                     | 21. How involved did you feel by your neurologist in discussions about multiple sclerosis?                                           |                                                  |                |
|                                                                                                                                                                     | 22. How involved did you feel by your neurologist in discussions about available therapies?                                          | 1 = not at all to 7 = very much                  | Mean of items  |
|                                                                                                                                                                     | 23. How involved did you feel by your neurologist in discussions about new therapeutic options?                                      |                                                  |                |
|                                                                                                                                                                     | 24. How involved did you feel by your neurologist in discussions about alternative therapies with different modes of administration? |                                                  |                |

| Domain (Score) | Items                                                                                                                       | Response scale | Scoring method |
|----------------|-----------------------------------------------------------------------------------------------------------------------------|----------------|----------------|
|                | 25. How involved did you feel by your neurologist in discussions about new therapies/treatments under experimentation?      |                |                |
|                | 26. How involved did you feel by your neurologist in discussions about practical lifestyle recommendations?                 |                |                |
|                | 27. How involved did you feel by your neurologist in discussions about patients' rights (legal, bureaucratic, protections)? |                |                |